Membership & Renewal Application

Contact Information

Name		
Street Address		
City, State, ZIP Code		
		Preferred Order of Contact
Home Phone		1☐ 2☐ 3☐ 4☐
Work Phone		1☐ 2☐ 3☐ 4☐
Mobile Phone		1☐ 2☐ 3☐ 4☐
E-Mail Address		1☐ 2☐ 3☐ 4☐

Education & Practice

Type of APRN:	☐ NP ☐ CNS ☐ Nurse Midwife ☐ Nurse Anesthetist
Specialty:	
Basic APRN Education/Training: ☐ MSN ☐ DNP ☐ Certificate	
Highest Degree Obtained: ☐ MSN ☐ DNP	Alma Mater:
Type of Practice:	☐ Group Private Practice ☐ Solo Practice ☐ Corporate Group Practice ☐ Solo Practice in Shared Space ☐ Government ☐ Other:
Practice Specialty:	
If you are in a group practice, are your partners ☐ MDs? ☐ DOs? ☐Other NPs? **(click all that apply)**	
Work/Practice name and address:	

Other

Would you like to be listed in our preceptor data base? ☐ Yes ☐ No

Can we list you in our membership directory? ☐ Yes ☐ No

How did you hear about us?

Were you referred by another WCAPN member? ☐ Yes ☐ No

If yes, who can we thank for the referral?

Why did you join WCAPN?

What other membership benefits or services could we provide for you?

Would you be interested in joining a committee or running for office in the future?
☐ Yes ☐ No

If yes, which committees or offices are you interested in pursuing:	*Committees:* ☐ Membership ☐ Education ☐ Nominations ☐ Public Relations ☐ Legislative ☐ Conference	*Elected Offices:* ☐ President Elect ☐ Secretary ☐ Treasurer ☐ Member at Large

Membership Options

Membership is from September 1st through August 31st

☐ WCAPN Membership (APRNs, NPs, CNMs and CRNAs)--$75

☐ Student Membership for RNs enrolled in graduate Nursing/NP Program--$50

Payment Method

You can also join directly online at www.wcapn.org

☐	Check — made payable to "WCAPN"			
☐	Credit Card			
	Type of Card:	☐ Visa ☐ MC ☐ AMEX Discover		
	Card Number:			
	Expiration Date:		CVV:	
	Name on Card:			
	Billing Zip Code:			
	Signature:			
	Email Receipt to:			

Mail or Email form to:

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